

Foster Family Home - Corrective Action Report

Provider ID: 1-562240

Home Name: Marlin Reynon, CNA

94-829 Kime Street

Waipahu

HI 96797

Review ID: 1-562240-7

Reviewer: Maribel Nakamine

Begin Date: 1/17/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 2/17/2020.

6.(d)(1)- see applicable sections of the review

Foster Family Home

Background Checks

[11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- APS/CAN expired on 6/13/19 and renewed on 10/16/19 for CG#4.

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e)- No RN delegations/training for CG#1, CG#2, CG#3, CG#4, and CG#5 on Client #1's [redacted] as specified in the Service Plan. Also for [redacted]; per CG#1, Client #1 had been [redacted] as verbally instructed to her by client's PCP. No PCP order on [redacted] seen in client's chart/binder.

3 Person Physical Environment

3 Person Physical Environment

(3P) Env.

(3P)(a)(3) Env. the room must be at least 140 square feet

Comment:

3P(a)(3) Env.- Client #1 and Client #2 shares a bedroom- bedroom size measured as 131 square feet.

Maribel Nakamine

Compliance Manager

Marlin A. Reynon

Primary Care Giver

1/17/2020

Date

1/17/2020

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Marlin Reynon

CCFFH Address: 94-829 Kime St. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date corrected	Prevention Strategy
8.(a)(2)	CG #1 showed CTA Compliance Manager the current APS/CAN of CG#4 during home inspection/survey. Document result was placed in home binder,	1/17/2020	Home will use a written/manual calendar to schedule due dates 2 months in advance to prevent future lapses. Calendar posted in front of the home binder.
47.(e)	Contacted CMA RN to perform delegation on [REDACTED] (order obtained from MD) for CG #1, CG #2, CG #3, CG #4, and CG #5. Signed delegation form was filed in Client #1's chart.	1/2/2020	Home will use a checklist to make sure all caregivers are properly trained for clients that require a [REDACTED]
3P.(a)(3)	Client #1 and #2 moved to the master bedroom that measures 224 square feet.	1/20/2020	Home will adhere to the Hawaii Administrative Rules for 3 person CCFFH.

Primary Caregiver's Signature: Marlin A. Reynon

Print Name: Marlin A. Reynon Date of Signature: Feb 04, 2020